

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mr</i>	67814	5/14/00
O.I.P.E. CLASSIFIER		7	5-22-00
FORMALITY REVIEW	<i>CM Day</i>	827	06-28-00
RESPONSE FORMALITY REVIEW	<i>CM Day</i>	54667	9/30/00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	7-1-02
2	✓	✓	7-1-02
3	✓	✓	7-1-02
4	✓	✓	7-1-02
5	✓	✓	7-1-02
6	✓	✓	7-1-02
7	✓	✓	7-1-02
8	✓	✓	7-1-02
9	✓	✓	7-1-02
10	✓	✓	7-1-02
11	✓	✓	7-1-02
12	✓	✓	7-1-02
13	✓	✓	7-1-02
14	✓	✓	7-1-02
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45	✓	✓	7-1-02
46	✓	✓	7-1-02
47	✓	✓	7-1-02
48	✓	✓	7-1-02
49	✓	✓	7-1-02
50	✓	✓	7-1-02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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